Tom Helfenbein Funeral Home, Chester, MD 21619

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al director page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG.	NO.			
1 DECEASED NAME	FIRST		WIDOLE	l	AS1	1	2a. DATE OF DEATH		DAY	YEAR	2b. HOUR
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3 SEX		4. RACE		5 DATE C			AGE (IN YEARS LAST	BIRTHDAY)	If U	DER I YEAR	
female.		cauca	asian	4	30 DAY 189	7	88	YR		DAYS	HOURS MIN.
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Maryland		USA		WIDOWE	D NEVER MARR		Oueen	Ann	2		MD.
10 CITY OR TOWN OF D		11. NAME OF		SING HOME C	OR OTHER INSTITUTI	ION I	2ª USUAL OCCUPA	TION	1		OF BUSINESS OR
Centrevil	10	Corsi	ca Hil		sing Ho	- 1	Crab Pic		G LIFE)	NDUSTRY	4 T. 4
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Maryland	Tal		13c. CITY OR TO		13d INSIDE CITY LI		3e.STREET ADDRESS			,	
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Edward  160 WAS DECEASED EVE	EDINIIS ADA	MED FORCES?	Faulkn		Anni 17. INFORMANI	e	ADD	Pers O		loor	
(YES NO OR UNKNOWN)		WAR OR DATES)						PS.O		ox 1	
NO			213-16	-//62	Susie	C.Ha	ddaway	0xf	ord		21654
18 CAUSE OF DEA	ATH (Enter onl	y one couse pe	er line far (a), (b),	ondici		1				BETWEEN	MATE INTERVAL ONSET AND DEATH
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		DUE TO, C	OR AS A CONSE	QUENCE-OF \	10					1	111001
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underlying cau	ise last.	(c)_									
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HI L							YES NOW	III CE	YES [	]	NO []
210. ACCIDENT WAS U		21b. TIME O		DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM	18 PART 1	OR PART 2)	
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(IF EITHER NOTIFY ME 21d INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION						
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stow the Necks	used alive on	0-1	7 10	XI	d that in (my) (our)	opinian de	ath occurred an the	date and l		,	
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and the second second			0			122		20			
Ralph E							, Md. 216	38			
230 BURIAL, CREMATION	N, REMOVAL	23b DATE		NAME OF CE	EMETERY OR CREMA	ATORY	23d LOCATION		(0	UNIY	STATE
Burial		8-7-	85 W	oodlaw	m Memor	ial	Eastor	7	all		Md

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the buriol-tronsit permit. I with the State Dept. of Health and Mental Hygiene prior

IMPORTANT.

Newnam Funeral Home

24 FUNERAL DIRECTOR

Easton Md

Woodlawn Memorial

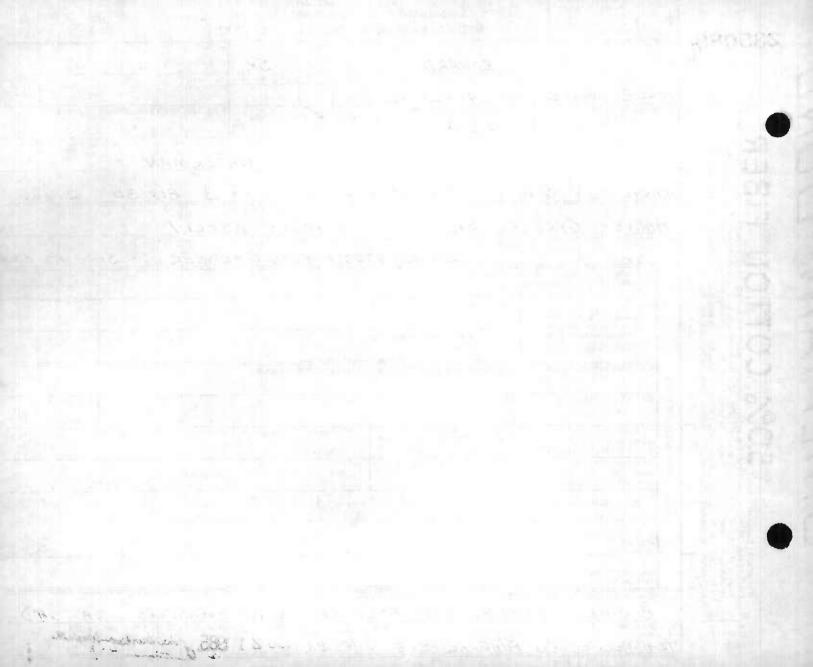
ial Easton Talbot Md
25a Date REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Lividan Rendelle

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ofter of	3. SEX	D/1-7 -		4. RACE		May	. 21,1903		, AGE (IN YEARS LAST E		IF UNDER I YEAR	HOURS MIN.
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	~	INJURY OC		21a. PLACE	OF INJURY		21f LOCATION		CITY OR	TOWN	COUNTY	STATÉ
or ottendi		HILE NORK	AT WORK	(AT HOME, ST	IREET, PACTORY, OFFICE	PARM EIC )	Jinee	~1		D.		
VDIN Cor Se o	220	I certify th	ot (I) (this hasp	oital) Hended 1	be diceased from,	21 &	, 19	16	, to	Tres	Boul	that (I) (we) last
TTER PP10 STOR for of H	119			ot) view the body		<u>85</u> .	nd that in (my) (our)	opinion de	eath occurred on the	date and hou	r and from the	couses stated
the hose of the hose of the best of the be	221	SIGNATUS		Mu	Hu	, 1	DEGREE ATTEN PHYSI	DING ICIAN	MEDICAL ST DIRECTOR PHYS	AFF	22c DATI	12/8
TO HOSPITAL C estoined by the TO FUNERAL D should be detected with the Stote D	220	PHYSICIA	YIHA	OR PRINT)	NUTL	-U	Cast	le n	Parina k	Pd -	CHE	STEK-
5 a 5 3 3 3	23a. BURI		ION, REMOVA	L 23b. DATE	230	NAME OF	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	STATE
BP	forec	Buri	al	08-12	-85 St	evens	ville Ceme		Stevens		Q.A.	MD
DHMH - 16 50M 4/83	24 FUNE	RAL DIRECT	OR		ADDRESS				REC'D. BY REGISTRA	R 25b. REGIST	RAR'S SIGNA	TURE
(VRA 15, 4)	Tom	Helfe	nbein F	uneral		ester.	MD 21619	AU	6 1 5 1985	) - " (a) 1	URIH disen	Mandelle

Corre Aune's County hungin nelpade adjects & ..... 2 J.H. Committee A. C. Lillie H. Della Guessford All two many of the dervert, Rt. 1 Bay Mr. Granewille Constant of the form of the content THE EAST STREET STREET CONTRACTOR OF THE PROPERTY OF THE PROPE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 235088 DECEASED NAME 20 DATE KNOWN I 26 HOUR (TYPE OR PRINT) ESTI-LIR FILES.
THOURS **JAMES** DEATH MATED ENWARD GARDNER 14 10 85 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED MALF WHITE 04-04-19 To. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Oueen Anne's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY Thompson Creek WATERMAN Stevensville USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13b COUNTY 134 INSIDE CIEF LIMITS? 136 STREET ADDRESS 13c CITY OR TOWN STEVENSUILLE MARYLAND BOX 30 YES NO T 21666 14. FATHER'S NAME BERLIN 160 WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO. 219-42-7760 EVELYN GARDNER SAME AS ABO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARTMENT C YES X NO [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR ? P.M. 8-14- 19 85 Subject drowned. 21e PLACE OF INJURY LATHOME 21d INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK water Thompson Creek, Stevensville, Oueen Anne's, MD 22a. I certify that I taak charge of the remains described above, held an and in my apinian Accident X death resulted fram: Nateral causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-15-85 SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STEVENSVILLE Md. 21619 BURIAL mb CEM STEVENSUILLE 07/B4 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 FUNERAL HOME, CHESTER .... 21 (VR A15 ME (5))



James H. Barton, Jr., Centreville, Md. 21617 Alic 10 1005

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIERE

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7		CEASED NAME	FIRST		MIDDLE			LAST	2a DAT		MONTH DAY		26 HOUR
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SA SEE	FC	IRTHPLACE (STATE C		CITIZEN OF WH	AT COUNT	RY? 8	MARRIE	D NEVER MARR	IED 9 BALT	IMORE CITY OR	OUNTY OF D	EATH	
SAN SAN	W	est Virgi	nia	U.S.A			WIDOWI		ED X Que	en Anne's	s Count	у,	MD
5年20日2	ID. C	ITY OR TOWN OF D	EATH	. NAME OF HOSE	ILITY, GIVE STR	EET ADDRESS)			FOR MOST OF W	UPATION (TYPE OF	OR	D OF BUS	INESS
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ASVI	ASC F.	ATHER'S NAME	N	IDDLE	L	AST		15. MOTHER'S MAID	ENNAME	MIDDLE		AST	
31		John		A	Ha	nshew		Rache	1		Painte		
985 Z	16a. \ (Y	VAS DECEASED EV	ER IN U.S. ARMED	OR DATES)		AL SECURITY I		17. INFORMANT		ADDRESS	423 Ea	ulkne	er Ag
SAG		No			236-	68-4772	2	Rachel P.	Hanshew	- Martin	asburg,	W.Va	1.
NG WITH F RMIT. PAGE ENE, DIWISIO	>	18 CAUSE OF DE	ATH (Enter only o	ne cause per line	for (o), (b),	ond (c).)		SHI ALL	0.1	3 3 7 7 5	BETW	PROXIMATE IN	NTERVAL AND DEATH
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BURIAL AND M (ATION,				(c)									
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등 부 부			at I took charge o		11 1		Autops	y . Inspectio	n X, Inqui	ry . ond in	my opinion	Mo	1.
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SET E		SIGNATURE		-	1	1	M.I	<u>Assistar</u>	MEDICAL EX	AMINER	DATE SIGNED 8/	/11/85	3
S S S S		EXAMINER'S NAM	Great	ry R. Ka	ulffma	n. M.D		ADDRESS 11	1 Penn S	S+			100 20
DAY -	23a. B	URIAL, CREMATION				AME OF CEME		DE MESON	123d. LÓCATION				=
7	1.5	urial	Aus						Martin		rkeley	W.V.	
	24 F	UNERAL DIRECTOR				sedale		12Sa. DATE	REC'D. BY REGIST	RAR 256 REGISTR			a.
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Pachel Hanshew

En Tell Cler . F 270 - 8-4772 Pachel J. Hanshew - Martinscure, W.Va.

Turial Aug. 15, 1985 Rosedale Cemetery

chomas Exards - 340 whitfield Rd. Daltimore. No

MPORTAN ould be

DHMH - 16 60M 7/84 (VRA 15, 4)

Removal 24 FUNERAL DIRECTOR Anatomy Board

23b. DATE

8/19/85

230. BURIAL, CREMATION, REMOVAL

226 SIGNATURE

Balto., Md.

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

PHYSICIAN

23d LOCATION CITY OR TOWN

MEDICAL

DIRECTOR PHYSICIAN

STATE

COUNTY

222 DATE SIGNED

26 HOUR

21617

NO [

85

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Douglas

228107	1-	FOR Film G607 STATE 9/19/8 REGISTRAR			MENT OF H CERTIF	OF MARYLAI EALTH AND M ICATE OF DE	ENTALTYG	IENE 2	3 A	171	7
4		CEASED NAME FIRST		MIDDLE	ł.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
nay be page 3 or death		HIRAM: TANTE	Pow	ell	Pie	erce			7	29 85	
I mo	3. SE	X	4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST I	SIRTHDAY)	MONTHS DATE	
recto urs o	-	Male	Whit		1	28	08	77	YRS		
leath. Po		RTHPLACE (STATE OF FOREIGN, COUNTRY)  Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER M.	ARRIED ORCED	9 BALTIMORE CITY  Queen Ant	T.	TY OF DEATH	MD
s ofter o		ty or town of DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACHITY, GIVE STREET ian - Cor	ADDRESS)		TUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			
24 hour	050. Ha. S Md	STATE 1 MICO		GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE CIT	TY LIMITS?	13 STREET ADDRESS	ZIP CO		19/3
12	III. FA	Stephen	WIDDLE	Pierce		15. MOTHER'S	1291	ANN MIDDLE	F	Powell	AST
( 6) 12		VAS DECEASED EVER IN U.S. , YES NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	213-36-		17. INFORMAN		B. Pierce	RESS Ceci	lton, M	d. 21913
requires that the death ce isgned by the attending. Then please remove carbor to burial, cremation, or injury, or ather traumatic.	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(b) DUE TO, C	OR AS A CONSEQUI	ENCE OF	NOT RELATED T	TO THE TERMI	INAL DISEASE OR CO	ndition (	SIVEN IN PART )	110
The law cian. Te has been sit permit	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH	OPERATIO			200 AUTOPSY? YES □ NOX	IN CER	YES, WERE FIND TIFYING CAUSE YES [	
SICIAN: ng physicertifical urial-tran leental Hy	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	VER) P	.M. MONTH D.	AY YEAR			RED (ENTER NATURE OF IN	JURY IN ITEM I	8 PART I OR PART 2)	
DING PHY or attendi After this After this oilth and M marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION		CITY OR		COUNTY	STATE
ATTEND ospital ost CTOR: A for use of for use in 21 is m		220.1 certify that (I) (this has the deceased alive (1) (we) (did) (did	7-2	19 19	95, an			, to		aur and from the	, that (1) (we) last e couses stated
by the hore ERAL DIRE e detache e detache State Dep		22b. SIGNATURE	Vame	no	,	PH	TENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN [	73	e SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detained the State with the State IMPORTANT:		John R. Smit	th, Jr. N					, Md. 2161	.7		
BP	(	BURIAL CREMATION, REMOVA	236 DATE 8/2,	/85 23c F		A CEME		GALENA	8.1.	KENT	Randa D
DHMH - 16 60M 7/B4 (VRA 15, 4)		ellows F. H. 22	es e. M	ecilton;	Md. 2	1913	25AUC	08 800	gun	Com (dese	-1930

anding physician and campletely corbandopers. Pages 1 and 2 sh

death certificate

OR ATTENDING

HOSPITAL

MPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, or other traumatic event, the

and Mental Hygiene priar to buriol, cremotion, or removal certificate has been signed by the attendi

with the State Dept. of Health O FUNERAL DIRECTOR.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE CEPTIFIC ATE OF DEATH

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	REGISTRAR			CENTIF	ICATE OF DEATH		REG. NO	0.	1	
	CEASED NAME FIRST		NODLE	1	IAST	20	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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1. 5EX		4. RACE	or augua	5 DATE C		6.	AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	R IF UNDER 24 HRS
				MONTH	H DAY YEAR	-	00	-	MONTHS DAYS	HOURS MIN.
	Female	Whit			me 20, 1895		90	YRS	V OF DE ATIL	
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V		MARRIE	D NEVER MARRIED		BALTIMORE CITY O	1000		
	Maryland	U.S.		WIDOWE			Queen An	ne's	County	MD
10 CI	TY OR TOWN OF DEATH		OSPITAL, NURS		OR OTHER INSTITUTION		a USUAL OCCUPATE  TYPE OF WORK FOR MOST O			OF BUSINESS OR
	Centreville				ng Home		Housewife		11400011	
	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFO	ORE ADMISSION)		1				
	Maryland 136. COL		Grason		13d. INSIDE CITY LIMITS	15?	e.STREET ADDRESS		21638	
_	THER'S NAME	Q.A.	Grasor.	MITTE	15 MOTHER'S MAIDEN	NNAME			10,0	
	FIRST	MIDDLE	LAST		FIRST		WIDDLE		L.	AST
	William Thomas		Straud			rgare	et Whaley			
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRE	SS		21619
1	No		216-54	1-9788	June Palme	er, F	Rt. 2 Box	: 687,	Chest	er, MD
	18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b),	and (c) I					APPRO	XIMATE INTERVAL NONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY:		0	SCUD D				5	ins
	IMMEDI	ATE CAUSE (0)		1	/	201	111			1
	200 LD 188	DUE TO, OF	AS A CONSEQ	UENCE OF	11.1.	1110	llitus			Ma
	Conditions, if ony, which	(b)		NU	ances 1		unus		-	70
	gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQ	UENCE OF						
	underlying couse lost.	(6)								
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	O DE ATH BUT	NOT RELATED TO THE T	TERMINA	AL DISEASE OR CON	DITION G	IVEN IN PART	lia
Z										
CERTIFICATION	19n DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		20s AUTOPSY?	206. IF YE	S, WERE FIND	DINGS USED
F						- 1			IFYING CAUSE	
E I			E IN LINEW		Tal. How himmy oc	CUIDAGA	YES NO		ES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		M. MONTH	DAY YEAR	21c HOW INJURY OC	CURRED	ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2	1
CAI	(IF EITHER, NOTIFY MEDICAL EXAMIN		Μ.	19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY	5 5 4 Day 5 7 5 1	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
\$	AT WORK AT WORK	(A) NOME SIN	EET, PACTORY, OFFR,	E, FARM, ETC }	3,110					
	22a L certify that (I) (this has	nital) attended the	deceased from	Mon	19 108	T	in aires 1		10 8 5	, that (I) (we) last
	the deceased alive of	(1114	19	Br w	nd that in (my) (a-) apir	inion dea	th occurred of the d	ate and ho		
	idid) (did)	not) view the body	offer death.	4			7		1	
122	774 SIGNATURE	) /) (	21 6		DEGREE ATTENDIN	100	MEDICAL STAI	e c	Charles	ESIGNID
	XIUN /	Umo	wn	4	PHYSICIAI	AN DE	MEDICAL STAI		0/	6 /6!
	THE PHY ICIAN'S NAME (TYPE OR PRINT)			40	22e ADDRESS					
	De. John R.	Smith			110 Broad	lway.	Centrevi	lle.	MD 216	17
23a P	BURIAL CREMATION, REMOVA	I 23	23c NAME OF CEMETERY OR CREMATORY			dway, Centreville, MD 21617				
	(SPECIFY)	08-09-					CITY OR TOWN	m.	COUNTY	STATE
	Burial	00-09-	0)	MOOGTS	wn Cmmetery		Easton	T.a	lbot	MD

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

NAME

24 FUNERAL DIRECTOR

ADDRESS Tom Helfenbein Funeral Home, Chester, HORE THE DENGE STRAPS SIC

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

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FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENS

REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	٥.		
DECEASED NAME (TYPE OR PRINT)  AI	DA	BLANC	HE .	ROBB	ÎNS	20. DATE GEDEATH	8°, 19	185 YEAR	<sup>2</sup> 6.00 р
FEMALE		CAUC.		5. DATE C		6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
GOLLIS, MD		USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O QUEEN A		OF DEATH	MD.
CENTREVILLI		NAME OF I	HOSPITAL, NURSING HACILITY, GIVE STREETA AN NURS		OR OTHER INSTITUTION HOME	12ª USUAL OCCUPATION OF THE PROPERTY OF THE PR		12b. KIND O	F BUSINESS OR
USUAL RESIDENCE (IF NURSING 130. STATE MARYLAND	HOME OR OTH	er institution	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	135 AREE APPESA	SZIP SADE	вох	1212/65
FLETCHE	R MIDE	DLE	HURD		IS. MOTHER'S MAIDEN NA	ME		LITT	9
60 WAS DECEASED EVER IN	U.S. ARMÉE (IF YES, GIVE WA		166. SOCIAL SECUE 222-18-		BETTY LIND	SAY daug		MILLI	21651 NGTON, M
PART 2 OTHER SIGNIF	diote the last.	(c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	CISCOS INNAL DISEASE OR CON	DITION GIV	/EN IN PART 1:0	25
190 DATE OF OPERATION 210. ACCIDENT WAS UNDER	N	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDING CAUSES	
710. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTHER MEDICAL 21d. INJURY OCCURRE! AT WORK AT WORK AT WORK	JSE OF DEATH EXAMINER)	P.i	M. MONTH DA M.	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		COUNTY	STATE
22a. I certify that (I) (the saw the deceased above (I) we) (did 22b SIGNATURE	alive	JULY	17 103	<b>5</b> . ar	DEGREE	, to BUS 9	ste and hav	and fram the	SIGNED
220. PHYSICIAN'S NAM	RE LIMPE OR PRI	MIN MIN	/ Per Dr. Woh	) la	ATTENDING PHYSICIAN E	DIRECTOR PHYSIC		118 L	MD 2162

DHMH - 16 60M 7/B4

(VRA 15, 4)

BP.

this certificate has been signed by the attending

should be detached far use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

TO FUNERAL DIRECTOR: After etained by the hospital or

marked or Item 18 show

IMPORTANT: If Hem 21

23a. BURIAL, CREMATION, REMOVAL

injury, or other troumotic

(SPECIFY) 8/11/85 BURIAL ASBURY CEMETERY 24. FUNERAL DIRECTOR

F.H. BOX 270 MILLINGTON, MD

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

MILLINGTON,

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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the property and property of the property of t

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23/80

		REGISTRAR		CERTIFICATE OF D	EATH	REG. N	Э.		-1		
		CEASED NAME FIRST	WIDDLE	LAST	20	DATE OF DEATH	MONTH 1	5 8	AR	26 HOUR	5
		Fisther	NMN 3	DIVERBER	36		0 4			8 ~	PM
	3 SEX	X	4 RACE	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIR	THDAY)	MON1H5	YEAR	HOURS	HRS MIN.
2	1	Female.	White	3 - 15-	1897	8	YRS				
1	7a. BII	RTHPLACE (STATE OR FOREIGN	'b CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED 9	BALTIMORE CITY O	R COUNT	Y OF DEAT	Н		43)
2	B	altimore, md	USA			Queen Anno	e's C	ounty			MD.
	10. CI	NTREVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVESTREET, MERICIAN			USUAL OCCUPATION OF OF WORK FOR MOST OF WORK FOR MOST OF				BUSINES	5 OR
5	13a. S	Monto	other institution give residence before TY 134 CITY OR TOW Chevy C	hase YES X	NO [] 6	STREET ADDRESS			081	.5)	
2	A FA	THER'S NAME FIRST  Samue	Solor	now Mile	MAIDEN NAME	WIDDLE		M	LAST	+nv	
2		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 578-30-		Mende	abore 450	55 3 C	far hery(	has	Ax K	2081
	NOI	PART I. DEATH WAS CAUSED IMMEDIATE  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	y ane cause per line far (a), (b), and (b) BY:  CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO E	Pas of Crl	OU D	AL DISEASE OR CON	DITION G	3	RT ha	vs t	aru .
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	MED	200 AUTOPSY?	IN CERT	S, WERE FI FYING CAI ES	NDIN(	S USED OF DEATH	?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT LIF EITHER, NOTH'S MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE ☐ NOT WHILE ☐ AT WORK  22a I certify that (I) (this haspite	P.M.  71e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F.)  all) attended the deceased from	AY YEAR 19 211 LOCATION STREET	N 19 <b>82</b>	CITY OR TO	wn 25	COUNT	Y th	STA	) last
		say The deceased alive an above, (I (we) 1 did not 22b. SIGNATURE	view the bady after death.	DEGREE	TENDING . A	MEDICAL STAF	F	or and fram	ATE 51	Suses state	d

DHMH - 16 60M 7/84 (VRA 15, 4)

8/26/85 King David Memorial Gdn; Falls Church; Fairfax; Va.

DANZANSKY—COLDBERG MEMORIAL CHAPESL 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 1170 Rockville Pike; Rockville, Md. 20852

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

		REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG. N	10.		
-		CEASED NAME	FIRST	٨	MIDDLE	l	AST		20 DATE OF DEATH		DAY YEAR	2b HOUR
	TYPE	ORPRINT	Clara	Ве	elle	TA	YLOR		August	5,	1985	8:30 A.
	3. SE)	X		4 RACE		5 DATE C			& AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whi	te	Dece	mber 22,	1901	83	YRS	MONIHS DATS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAR	DDIED	9 BALTIMORE CITY	OR COUN	ITY OF DEATH	
	ì	Maryland		US	SA	WIDOWE		RCED	Queen	nne'	s	MD.
~	10. CI	ITY OR TOWN OF DE	ATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	ROTHER INSTITU	TION	120 USUAL OCCUPA		126 KIND C	OF BUSINESS OR
2		Centrevill		Nursing	Center/	Corsi			Wife			me
		AL RESIDENCE (IF NUR	136 COUN		13c. CITY OR TOWN		13d INSIDE CITY	LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE	110
1		Maryland	Quee	nAnne's	Centrevi	ille		O 🛣	R.D. 3,			617
	14 FA	ATHER'S NAME		MIDDLE	LAST		. 15. MOTHER'S M		AE MIDDLE		LA!	ST
1		Vinton		ngton	Payne		Mit		Elizal			ley
		VAS DECEASED EVER		MED FORCES?	16h SOCIAL SECUI		17 INFORMANT	DOM			. 3, Box	
		No			212-74-41	161	Theodor	e P. 7	Taylor, Cer	trev		
		18 CAUSE OF DEAT PART I. DEATH V			line for (a), (b), and	licit	Ą	0	4		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	12	, AKT I. DEATH V		TE CAUSE (a)	Car	de	en c	w	rest		11	MEDIA
				DUE TO, OF	RAS CONSEQUE	NGEDE	~ (	/ A			6	
	8	Conditions, if any gave rise to im-		( Ib)	ASS	VW	T	1 1			0	uw-
		cause (a), statis	ng the	DUE TO, OF	AS A CONSEQUE	NCE OF						
				163 4								
	Z	PART 2 OTHER SIG	NIFICANT (	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR COM	ADITION C	SIVEN IN PART I	0
4	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	FD	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS LISED
	IFIC								YES NO TO	IN CER	TIFYING CAUSES	OF DEATH?
Н	CERT	21a. ACCIDENT WAS UN	DERLYING [				21c HOW INJUR	RY OCCURRI	ED (ENTER NATURE OF INJ	1		NO []
		OR CONTRIBUTING		.,,,	M. MONTH DA		115/1					
	MEDICAL	(IF EITHER NOTIFY MEDI 21d. INJURY OCCUR		21e PLACE (		19	211. LOCATION					
	WE	MHILE NOT WILL	HILE	(AT HOME STR	EET FACTORY, OFFICE, FA	RM ETC )	STREET		CITY OR I	NWC	COUNTY	STATE
		220.1 certify hat (1)		tal) attended the	e deceased fram_	.6	-1	1983	10 8 - 5		19 65	That (1) (we) last
		now the degros	ed alive on	7 -	30 19 8	, or	nd that in (my) (ou	e) apinian d	leath accurred an the o	late and h	our and fram the	causes stated
		175 SIGNATORE		at the me body	uner deum.		DEGREE				22c DATE	SIGNED
		10	de	lu		M	ATTE PHY	NDING SICIAN	MEDICAL STA	CIAN [	8	2 - 87
		22d. PHYSICIAN'S N.	AME (TYPE	The same			22e ADDRESS	/_				
		Ralph E	. Lib	by, M.D.			Gras	sonvil	le, Md. 21	638		
		SURIAL, CREMATION,			23c N	AME OF C	EMETERY OR CRE		23d LOCATION		COUNTY	STATE
		Burial		Aug. 8	.1985 Ar]	ingto	on Nation	al Ce		on. I	Fairfax	
		JNERAL DIRECTOR		on Funer	al Home			250 DATE	REC'D. BY REGISTRAL	25b REG		URE DO
	Ja	mes H. Bar	rton,	Jr., Ce	ntreville	, Md	. 21617	AUD.	14 1900	isher t	antagen - No	- 2

DHMH - 16 60M 7/B4

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

(VRA 15, 4)

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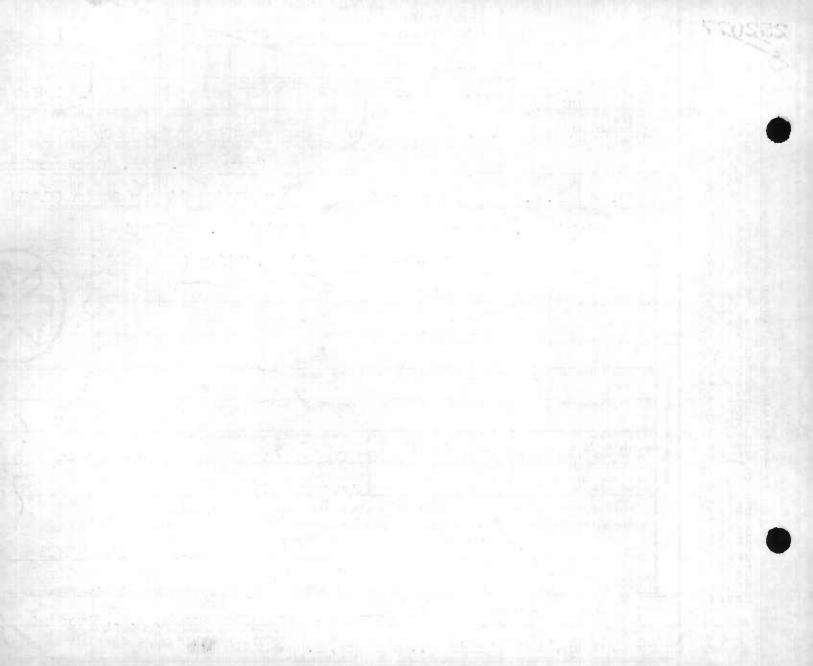
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•		STATE OF MARYLAND	28
	000000	1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 / 8	2
	238088	REGISTRAR UNKN. #85-62 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN X1 MONTH	DAY YEAR 126 HOUR
-	Water Water	(TYPE OR PRINT)	11/19 85
	SSESS		111
1	교교도등	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS I MIN. PRONOUNCED	16:45
1/2	9.255.2°		11/ <sub>19</sub> 85 A <sub>M</sub>
Ψ.	カランミヤン	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  78. CITIZEN OF WHAT COUNTRY?  8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY	OF DEATH
	55554 V	Virginia USA WIDOWED DIVORCED Queen Annes Cour	0 <del>+</del> 7 7
•	23 v 3	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (177E OF WORK 17	
	一世の出る	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)	OR INDUSTRY
	30037	Queenstown Rt. #50 & Sportsman Neck Rd.	
	E 223987	USUAL RESIDENCE (IF IN PARTING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  132. CITY OR TOWN  134. INSIDE (17Y LIMITS? 1.30. STREET ADDRESS	16/16/
	5 52 m 2 m	THE STREET ADDRESS	19777
	0 # NO.	Virginia   Fredericksburg YES NO   218 Brighton Square	3
	2 H-≥0K)//	FIRST MIDDLE LAST FIRST MIDDLE	LAST
	T ANSTERNA	John G. Truslow Jr. Doreen A. Hovermale	
	C SNOPER	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 1 IF YES, GIVE WAR OR DATES)	
	E E E E E E	No.	
	S SOE S S	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	5 000W	PART I DEATH WAS CALISED BY	BETWEEN ONSET AND DEATH
	S THE SEE S	Multiple Injuries	
	A Z BY LES	DUE TO, OR AS A CONSEQUENCE OF	
	F FE 35 5 5 5	Canditians, if any, which gave rise to immediate (b)	
	W WWWWWW W	cause (a) stating the under-	
	E EZXXXX	lying cause last.	
	AND SECTIONS	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
	MAN WATER		
	T CALS AND THE		
	A HERE	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	<b>■ 美麗田田古祖</b>	The state of the s	YES 🕅 NO
	OF VI	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216 EXTERNAL CAUSE WAS  216. TIME OF INJURY 216. HOW INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART I OR PART.	
	N STATE		
	S FREE TAS	CONTRIBUTING CAUSE OF DEATH 6:00 XXX 8/ 11/19 85 subject occupant in auto/fixed of 21d INJURY OCCURRED 21d PLACE OF INJURY LATHOME. 21d LOCATION	ect impact
	BIVISION SCENTIFIC RETING TH REDED TO THE 3 SHOUL THE DEPART	The state of the s	TY STATE
	SAN AGENCY	MCSC DOUILG O.D. I/C. #30	Oueen Anne
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ki	Mo
	MEDICAL EXAMINER.  UNE THE CERTIFICATI  E 4 SHOULD BE POR  HE DEATH, WITH THE  FINGER, WARVENO.		lan
	3EMBES/	death resulted fram. Natural causes Accident XX, Suicide . Hamicide . Undetermined manner .	
	2000 S	ACTUAL TITLE (SPECIFY)	
	≼#5₹£₩	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED.	8/11/85
	DEST SEED		
		EXAMINER'S NAME (TYPE OR PRINT) Gregory R. Kauffman, M.D. ADDRESS 111 Penn St.	
-	BATO PART	73a BURIAL CREMATION REMOVAL 123b DATE 123r NAME OF CEMETERY OR CREMATORY 1234 TOCATION	
(1)	10000	(SPECIFY) CITY OR TOWN COUNTY	
1	SM BP-	Burial 11 August 1985 Hull's Mmorial Church Cemetery Stafford  124 FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR 1250 REGISTRAR'S SIG	Virginia
	DHMH - 17	24. FUNERAL DIRECTOR NAME Wheeler & Thompson Princess Anne 250. REGISTRAR 250. REGISTRAR'S SIG	NATURE
	(VR A15 ME (5))	Walter R. Sellist Fredericksburg Va AUG 23 1000 Validade	Bandall "

252077	1-	STATE REGISTRAR			ICAL EXAMI				REG. NO.	0 0		
/		CEASED NAM	E FIRST		MIDDLE	LAST		2c. DATE	KNOWN 7 M	ONTH DAY	YEAR 2b.	HOUR
O Bangs	111	PE OR PRINT)	Dani	el	Paul	Val.	.ley	OF	ESTI-	8 3119	85	M
화양분경멸	1. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN	YEARS IF UNDER	TYR. IF UNDER 24		la	ONTH DAY	YEAR 2d	HOUR
N N N N N N N N N N N N N N N N N N N	M	ale	White	7/18/1958	YEAR LAST BIRTH	YRS. MONTHS! D	DAYS HOURS A	PRONOU DEA	INCED D	9 21	9 85 5	:201
A STATE	70.8	IRTHPLACE (S	TATE OR	76. CITIZEN OF WH		10	NEVER MARRIED	9. BALTI	MORE CITY OR CO			701
の高さきな/		Missis	ippi	U. S.		WIDOWED [			en Anne'	s Count	V.	MD.
NEW SERVICE		ITY OR TOWN		11. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTHER IN		26 USUAL OCCI	UPATION (TYPE OF V	VORK 126 KIND	OF BUSIN	ESS.
ALAHA!	100	ntrevi	110		ility, give street address	)	He	FOR MOST OF WO	ip. Oper	Cons	NDUSTRY truct	ion
S S S S S S S S S S S S S S S S S S S	USU	AL RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS					100110		
AN AND STATE OF THE STATE OF TH	1	MD.	A.		Glen Bur	nie YE		6446 Wa	shington	Square	(210	61)
F-12-12	N.	ATHER'S NAME		WIDDLE	LAST	15. A	MOTHER'S MAIDEN		MIDDLE	LAS	ST	
A 255 X 15	4		Rudolph	P. Valle			Patrici	a M.	Fashbaug!	h		
ME SECOND	160.	res, NO, OR UNKNO	DEVER IN U.S. AR	WED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		NFORMANT		ADDRESS	70.		
A PAGE	1	Nb			294-66-7	6/6 Pat	ricia M.	Valley	(same as			
E D S W	D	18 CAUSE C	F DEATH (Enter on	ly one cause per line f						APPR BETWEE	OXIMATE INTE EN ONSET AND	RVAL D DEATH
NAL NAL	1	1910	11	TE CAUSE (a) DEC	owning							
MONTH EST		Canditio	ns, if ony, which	DUE TO, OR	AS A CONSEQUENC	E OF						
MAN		gove ri	se to immediate	(b)							3, 6	1
WENT OF THE PARTY		lying cou	) stating the <u>under</u> use last.	DUE TO, OR A	AS A CONSEQUENCE	OF						
N DEADE				(c)								
HA BE A	1,	PART 2 OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVEN IN PART I	1 (61)				
A SA	INCATION	IR- DATE OF	OPERATION	In some								
TAL R HOUSED USED OF HE	15	198 DATE OF	OPERATION	198 CONDIII	ION FOR WHICH OP	ERATION WAS PE	ERFORMED?				TOPSY?	
2 2 CO R C R	1	21a EYTERNIA	AL CAUSE WAS	21b. TIME OF	INTERPO	101 1101111					s 🔯 N	10 🗆
DOVISION OF VIT SCREETING THE WOOD ROED TO THE CO TO STANDED BE I TO END AND THE CO TO PROVIDE THE CO	10	UNDERLYING	S ⊠ OR	HOUR A.M.	MONTH DAY YE	AR	VJURY OCCURRED					
SION OF RIFFCATI VG THE V SHOULD PARTME RIOR TO	15	21d. INJURY	NG CAUSE OF D		X 8 3119 FINJURY (ATHOME,	85 Sub	oject jump	med from	ı boat an	<u>d drown</u>	<u>led</u>	
A SECTION AND AND AND AND AND AND AND AND AND AN	14		NOT WHILE &		DRY, FARM, ETC.)	STREET		CITY OR TO	OWN	COUNTY		STATE
MAR WAR	7	AT WORK	AT WORK	wat	ter	Chesa	ipeake Bay	7				MD
S H S S H S	1	22a I certi	fy that I took charg	e of the remains desc	ribed obove, held on	Autopsy	. Inspection [	, Inquiry	, , and in r	my opinion		
EXAMNER. CERTIFICATI ULD BE FOR WITH THE WITH THE	1	death result	ed from: Natur	al causes	Accident K	Suicide ,	Homicide .	Undetermined m	nonner .			
A S S S S S S S S S S S S S S S S S S S		ACTUAL		1/2	/		ITLE (SPECIFY)					
ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		SIGNATURE,			/	M.D. <u>A</u>	Assistant	_MEDICAL EXA	MINER S	IGNED 9/	3/85	
NO STATE OF	W	EXAMINER'S	NAME						TOUR GIL			
TO MEDICAL DECUTE THE PACE 4 SHO PATER DEATH AFTER DEATH		(TYPE OR PRI	NT)	Greogyr R				Penn St	. Balto	.MD.		
K05259	230.8	SPECIFY)		3b DATE		EMETERY OR CRE		23d LOCATION		COUNTY	STATE	
07/B4 BP	-			9/5/85	Glen H	aven Mem	. Park	Glen Bu	rnie, A	A. Mar	yland	
DHMH - 17		UNERAL DIREC		ADDRESS			250. DATE REC	'D. BY REGISTR				
(VR A15 ME (5))	Geo	rge J.	Gonce, 4	001 Ritchi	le Hg., Bal	timore, M	D. SEF	D · HER	D TWEET EN	STATE OF THE STATE	Sharken	

STATE OF MARYLAND



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			REGISTRAR CEASED NAME PE OR PRINT)	Jame		ELMER	MIDDLE RAMI		TAST Valton			EG. NO. WN X MONTH		2ъ. HOUR
A.	Y DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. AIN PAGE 5 FOR YOUR FILES. LD BE FILED, WITHIN 72 HOURS RDS, 201 WITHIN 72 HOURS	3 SE	ALE	4. RACE CAUC	5. DA	TE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UND		C. DATE RONOUNCED DEAD	MONTH 7	30 19 85 30 19 85	2d HOUR 8 • 207
	NECESSA FUNERAL S FOR Y WITHIN	Ď	IRTHPLACE (ST DREIGN COUNTRY) ELAWAR	E	1	USA	IAT COUNTRY?	8 MARR WIDOW		RRIED	Queen i	CITY <u>OR COUN</u> Anne's (	County,	MD
	DELAY IS TO THE PAGE BE FILED DS. 201	E	Barclay		{ IF	Rt 1,	PITAL, NURSING HO/ CILITY, GIVE STREET ADDRESS BOX 72  "E RESIDENCE BEFORE ADMIS	MD R	I. 302		AL OCCUPATION PSE OF WORLD	N (TYPE OF WORK	U.S. AT	JSINESS {NY
0.21201	1. IF ANY DEL 2, 2, AND 3 TO 3. RETAIN B 2 SHOULD BE AR RECORDS,	13a S MA	RYLAND	13b. C	OME OR OTHER DUNTY • A •	INSTITUTION GIV	BARCLA		13d INSIDE CITY LIMITS YES NO		302 I	RT. 1	BOX 72	
ORE, MC	DEATH.		ROBER		MIDDI	E.	WALTO		MARGA	RET	WIDDLE	DRESS	DÄNII	ELS
(Tax	WITH FORM WITH FORM T. PAGES I A DIVISION OF	()	YES, NO, OR UNKNO	<sup>(1)</sup>	59 <del>-</del> 6	DATES)	222-26-L for (a), (b), and (c).)			S. WAI			same	
RECORDS, 201 W. PRESTON	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTED DEATH INING THE WORD "PENDING" IN PENCIL IN 11EA 18 GIVE AGGES 1, DED TO THE CHIEF MEDICAL EXAMINER ALONG WITH-FORM PART SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND DEARMANN OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH PROPERTY OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH PROPERTY OF BURIAL, CREMATION, OR REMOVAL.	NO	gave ris cause (a) lying cau	s, if any, we to immed stating the un le last.	hich liote der-	(b) DUE TO, OR A	terioscler  AS A CONSEQUENC  AS A CONSEQUENC  BUT NOT RELATED TO THE TE	E OF			lisease			
VITAL REC	WORD "PENDI WORD "PENDI HE CHIEF MEDI BE USED AS A ENT OF HEALTH	RTIFICATIO	19a. DATE OF			19b. CONDIT	ION FOR WHICH OP							(° NO □
DIVISION OF VITAL	AR AR AR	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK	OR IG CAUSE CCURRED	OF DEATH	HOUR A.M. P.M. 21e PLACE O	MONTH DAY YE.  19 PFINJURY (ATHOME, DRY, EARM, ETC.)	211 LO	CATION TREET	RRED (ENTERNA	CITY OR TOWN		OUNTY	STATE
•	MEDICAL EXAM CUTE THE CERTIFIESE A SHOULD BE FUNERAL DIRECTER DESCRIPTION WITH		death resulted ACTUAL SIGNATURE  EXAMINER'S I	d from: _N	latural caus	nnie F	Aribed obove, held an Arcident	Autop Suicide	Homicide TITLE (SPECIFY) ASSIST	Undeter	Inquiry	ond in my o , DATE SIGN Balto.MI	7/30	/85
07/84 25M	BP		URIAL, CREMATE BURI		AL 23h DA	3/85	23c. NAME OF C	OD C	EMETERY		TNA,	KENT,		AWARE
23111	DHMH - 17 (VR A15 ME (5))		LLOWS		BOX 2	270°08	LLINTON,	MD	21651	NUG O !	3 1935 136	REGISTRAIN	SIGNATURE VACOUV-1	Squit-

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO LE CEASED NAME 20. DATE KNOWN STYPE OR PRINT) OF ESTI-1985 DEATH MATED James Wescott SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 10 km MONTH LAST BIRTHDAY) PRONOUNCED DEAD White 09-09-17 9. BALTIMORE CITY OR COUNTY OF DEATH A RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Queen Anne's County WIDOWED [ DIVORCED U.S.A Pennsylvanni 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Island Yacht Club on a boat Chester Owner - Electrical Co. ISUAL RESIDENCE (IF IN NUMBER OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YEST 123 Henderson Ave Pennsylvannia Delaware Norwood 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST John Wescott Agnes Unknown 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) FIF YES, GIVE WAR OR DATES) 165-101-637 same as above Marie Wescott APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: AL HYGI REMOV. DUE TO, OR AS A CONSEQUENCE OF URIAL - TRANSIT Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. HEALTH AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART ) (a) 4 I CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? USED OF HE 20 AUTOPSY? WRITING THE WORD ARDED TO THE CHIE GE 3 SHOULD BE USE TE DEPARTMENT OF 201 PRIOR TO BURIA YES [ NO [ 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2) CHOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK E-RECUTE THE CERTIFICATE, VIOLE OF SHOULD BE FORW TO FUNERAL DIRECTOR: PV TER DEATH, WITH THE STATIONER, MARYLAND, 2. Autopsy 22a I certify that I took charge of the remains described above, held on Inspection ond in my opinion Accident death resulted from Notural couses Suicide Hamicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME 110 Broadway, Centreville, MD 21617 John R. Smith. Jr. **ADDRESS** 23d LOCATION 230.BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 08-10-85 Peter & Paul Cem. Marple Township Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE www.door (VR A15 ME (5)) Tom Helfenbein Funeral Home, Chester, MD 21619

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